

RIVER CITY REJUVENATION

Name: _____

Address: _____

City: _____ State / Zip code: _____

Home ph #: _____ Cell ph #: _____ Work ph #: _____

D.O.B.: _____ (mm/dd/yy)

Email Address: _____ May we contact you by email? Yes__ No__

How did you hear about River City Rejuvenation? _____

WAXING QUESTIONNAIRE:

Which areas would you like to have waxed? _____

Have you used or are you presently using Retin A, Renova, Glycolic Acid or any products containing AHA? If yes, which ones? In what part of your body do you use it? _____

Have you used Accutane in the last seven years? Yes__ No__

Have you had a chemical peel, laser or facial cosmetic surgery in the last 2 years? Yes__ No__

Are you allergic to anything or have you ever had an allergic reaction to anything? Yes__ No__

If yes to what? _____

Are you presently under a doctor's care and/or prescription medication? Yes__ No__

If yes for what? _____

How often do you exfoliate your face and body? _____

INSTRUCTIONS TO FIRST TIME WAXERS

Waxing is the removal of hair by the root. This process may cause minor skin irritation that will disappear within a short period of time. To minimize discomfort during this period, please be aware of the following:

- Do not expose any waxed areas to sun, sand or excessive heat for 24 hours.
- It is recommended that abstinence from sexual intercourse be maintained for a minimum of 24 hours past a brazilian bikini waxing.
- Do not apply any product on the waxing area for 2 hours.
- Use FINIPIL (get info card at front desk) after shower for 2 weeks after waxing.
- Do not use soap! We highly recommend "summer eve intimate cleanser" or an unscented soapless soap on your daily personal hygiene from now on.
- Ice compress is recommended right after waxing to ease any discomfort and shorten healing time.

From this date forward, client will be held responsible for informing esthetician if he/she begins taking any of the following medications, including, but not limited to: RETIN A, RENOVA, GLYCOLIC ACID, ACCUTANE, OR ANY PRODUCTS CONTAINING AHA

Signature: _____ Date: _____